

CLAIMS ONLY							Application Number 10 050 314		Filing Date	
							Applicant(s)			
* May be used for additional claims or amendments										
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	/						51	/		
2		/					52	/		
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48		/					98			
49		/					99			
50		/					100			
Total Indep							Total Indep			
Total Depend							Total Depend			
Total Claims							Total Claims			